


**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/911,053
Filing Date	07/23/2001
First Named Inventor	Pradeep K. Bansal
Group Art Unit	3625
Examiner Name	Zurita, J.
Attorney Docket Number	1999-0215

Total Number of Pages in this Submission 22

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NOV 30 2004

Enclosures (check all that apply)**GROUP 3600**

- | | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits / Declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input checked="" type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment & Recordation Cover Sheet
<input type="checkbox"/> Drawing(s) & Letter to Official Draftsman
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition to the Commissioner
<input type="checkbox"/> Petition to Convert a Provisional Application
<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> CD, Number of CDs
<input type="checkbox"/> Additional enclosure(s) (please identify below) |
|---|--|---|

Remarks Response to Official Action of 09/27/2004

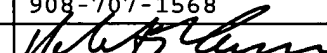
CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below

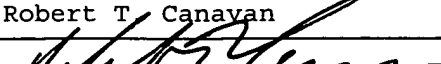
NAME	Samuel H. Dworetzky				
ADDRESS	AT&T CORP. One AT&T Way Room 2A-207				
CITY	Bedminster	STATE	New Jersey	ZIP CODE	07921
COUNTRY	United States of America	FAX	908-532-1281		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE		DATE	11/20/2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 11/20/2004

Type or Printed Name	Robert T. Canavan
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Date	11/20/2004

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450